

# **Data Reporting In the HCO Program**

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DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
Managed Care Program  
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## Data Reporting in the HCO Program

**Background.** In 1993, the State of California passed legislation (Labor Code 4600.5) that serves as a framework for state certification of managed care organizations, called Health Care Organizations, to provide medical and related health care services to injured workers covered under California's workers' compensation system. Managed care organizations are eligible to be certified if they are full-service health care service plans (Knox-Keene HMOs), Workers' Compensation Health Care Provider Organizations, or licensed disability insurers. In addition, the Division of Workers' Compensation (DWC) in the California Department of Industrial Relations requires that HCOs provide all medical services under workers' compensation, have specific capacity for occupational medical care delivery, engage employers and workers in cooperative workplace health and safety promotion, and provide information to evaluate plan effectiveness, including data on return-to-work (RTW), treatment duration, health services utilization, and costs.

**Data Reporting Strategy.** The Managed Care Program (MCP) in DWC has begun to address what data are necessary for implementing the legislative mandate to evaluate plan effectiveness. The approach of the MCP is to fashion an administrative database for evaluating RTW, utilization, and costs by requiring the reporting of a minimum data set (8CCR 4, 9778). This minimum data set is based on data elements that are part of existing, mandated reporting (WCIS, Employers and Doctors First Reports), industry standards (IAIABC, ANSI, HEDIS, HCFA-1500, UB92), and likely candidates for adoption as part of national healthcare legislation (HIPAA). HCO's may meet these reporting requirements if their contracted claims administrators already participate in electronic data interchange of the Workers Compensation Information System (WCIS). A small amount of new data not universally or systematically collected will focus on return-to-work. To reduce the magnitude of data collection, reporting of RTW information is required for 1) lost time (temporary disability) injuries released to return to work with work restrictions, 2) specified occupational medical conditions, 3) injured workers not released to return to work by 90 days post injury date, and 4) a statistical sample of all other injured workers. When necessary, the administrative database will be complemented by special statistical surveys.

**Data Files and Frequency.** Until WCIS is fully operational, HCO's will annually report seven fixed column-formatted ASCII flat files: 1) enrollment of individual HCO enrollees, 2) first reports of injury, 3) return-to-work, 4) professional medical services and costs, 5) hospital services and costs, 6) claim costs (indemnity, medical, medical-legal), 7) total amount paid by payor to the HCO and HCO medical providers. This encompasses approximately 75 data elements, summarized in the following tables, and explained in a detailed data dictionary (<http://www.dir.ca.gov/dwc/hco.htm>). Reporting is done once a year on March 1, which covers all HCO activity during the prior calendar year.

**Data Quality and Analysis.** Data quality will be monitored by the MCP in cooperation with the HCOs to assess completeness, missing data, erroneous coding, dangling records, and lack of timeliness of reporting. The MCP has begun to develop a series of standardized reports that analyze claim incidence, costs, utilization, RTW, litigation, and other outcomes in the workers' compensation system. The protection of confidential information will follow guidelines of approved institutional review boards.

**File Table 1. Enrollment File Format**

Enrollment (1)	ELEMENT NAME	From	To	Length	Type
	HCO Identifier	1	12	12	A/N
	Employer ID	13	21	9	A/N
	County of Usual Employment (code)	22	23	2	A/N
	Employees, Number of (all in county)	24	29	6	N
	Standard Industrial Classification (SIC) (of Employer)	30	33	4	A/N
	Patient/Enrollee Social Security Number	34	42	9	N
	Occupation Code (optional)	43	44	2	A/N
	Date of Birth	45	52	8	DATE
	Sex	53	53	1	A/N
	Race/Ethnicity (optional)	54	54	1	A/N
	Days of Medical Control	55	57	3	N
	Date of Enrollment (from)	58	65	8	DATE
	Date of Enrollment (to)	66	73	8	DATE

**Table 2. Injury Files Format**

FROI (2)	ELEMENT NAME	From	To	Length	Type
	HCO Identifier	1	12	12	A/N
	Carrier ID	13	17	5	A/N
	Claim Number	18	42	25	A/N
	Patient/Enrollee Social Security No.	43	51	9	A/N
	Date of Birth	52	59	8	DATE
	Date of Injury	60	67	8	DATE
	Record Type (=1)	68	68	1	A/N
	Patient Name, Last Name	69	88	20	A/N
	Patient Name, First Name	89	98	10	A/N
	Patient Name, Middle Initial	99	99	1	A/N
	Sex	100	100	1	A/N
	Race/Ethnicity (optional)	101	101	1	A/N
	Occupation (optional)	102	103	2	N
	Employer Name	104	133	30	A/N
	Employer ID	134	142	9	A/N
	Standard Industrial Classification (SIC)	143	146	4	A/N
	Class Code, WCIRB	147	150	4	A/N
	Zip Code of Worksite	151	159	9	A/N
	Claim Accepted/Denied	160	161	2	A/N
	Date of First Medical Examination	162	169	8	DATE
	Diagnosis, Principal Presenting (ICD9)	170	174	5	A/N
	Nature of Accident (WCIRB)	175	176	2	N
	Diagnosis, Principal at End of Follow-up	177	181	5	A/N
	Date of Death (if death occurred)	182	189	8	DATE
	Case Transferred Into HCO	190	190	1	A/N

Return- to-Work (3)	ELEMENT NAME				
		From	To	Length	Type
	HCO Identifier	1	12	12	A/N-link
	Carrier ID	13	17	5	A/N-link
	Claim Number	18	42	25	A/N-link
	Patient/Enrollee Social Security No.	43	51	9	A/N-link
	Date of Birth	52	59	8	DATE-link
	Date of Injury	60	67	8	DATE-link
	Record Type (=2)	68	68	1	A/N
	Date Released to Return to Work (RTW)	69	76	8	DATE
	Date of Actual RTW	77	84	8	DATE
	Employment Status 5 Days After Release to RTW	85	85	1	A/N
	Employment Status 90 Days After Release to RTW	86	86	1	A/N
	Job Status 5 Days After Release to RTW	87	87	1	A/N
	Job Status 90 Days After Release to RTW	88	88	1	A/N
	Lost Work Days During 90 days after Release to RTW	89	91	3	N
	Days of Medical Control	92	94	3	N
	Date Medical Control Ended	95	102	8	DATE
	Date HCO Contract Ends	103	110	8	DATE
	Injured Worker Opt Out	111	111	1	A/N
	Date Worker Opted Out	112	119	8	DATE
	Represented by Attorney	120	120	1	A/N
	Date of First Notice of Representation	121	128	8	DATE
	Sample Flag/TD Case with Work Restrictions/SHE	129	129	1	A/N
	Permanent and Stationary Indicator	130	130	1	A/N
	Date Permanent and Stationary	131	138	8	DATE
	Qualified Injured Worker Indicator	139	139	1	A/N
	Date of Qualified Injured Worker Status	140	147	8	DATE

ELEMENT NAME		From	To	Length	Type
Professional Services (4)	HCO Identifier	1	12	12	A/N-link
	Carrier ID	13	17	5	A/N-link
	Claim Number	18	42	25	A/N-link
	Patient/Enrollee Social Security No.	43	51	9.2	A/N-link
	Date of Birth	52	59	8	DATE-link
	Date of Injury	60	67	8	DATE-link
	Record Type (=3)	68	68	1	A/N
	Diagnosis 1, Treatment Related	69	73	5	DATE
	Diagnosis 2, Treatment Related	74	78	5	A/N
	Diagnosis 3, Treatment Related	79	83	5	A/N
	Diagnosis 4, Treatment Related	84	88	5	A/N
	Date(s) of Service (from)	89	96	8	DATE
	Date(s) of Service (to)	97	104	8	DATE
	Place of Service	105	106	2	N
	Treatment Code	107	111	5	A/N
	Amount Paid per Professional Service	112	120	9.2	N
	Recommended/Actual Paid Qualifier, Prof. Svcs.	121	121	1	A/N
	Diagnosis Pointer 1	122	122	1	A/N
	Diagnosis Pointer 2	123	123	1	A/N
	Diagnosis Pointer 3	124	124	1	A/N
	Diagnosis Pointer 4	125	125	1	A/N
	Number of Treatments (pre-paid plans)	126	128	3	N
	Provider, PTP (yes/no)	129	129	1	N
	Provider Specialty	130	131	2	N
ELEMENT NAME		From	To	Length	Type
Hospital Services (5)	HCO Identifier	1	12	12	A/N-link
	Carrier ID	13	17	5	A/N-link
	Claim Number	18	42	25	A/N-link
	Patient/Enrollee Social Security No.	43	51	9	A/N-link
	Date of Birth	52	59	8	DATE-link
	Date of Injury	60	67	8	DATE-link
	Record Type (=4)	68	68	1	A/N
	Date of Admission	69	76	8	DATE
	Date of Discharge (hospital)	77	84	8	DATE
	Type of Admission	85	85	1	A/N
	Amount Paid, Total (institutional)	86	94	9.2	N
	Recommended/Actual Paid Qualifier, Facility Services	95	95	1	A/N

**Table 3. Total Claim Costs File (Medical, Indemnity, Med-Legal)**

	<b>ELEMENT NAME</b>	<b>From</b>	<b>To</b>	<b>Length</b>	<b>Type</b>
Claim Cost (6)	HCO Identifier	1	12	12	A/N-link
	Carrier ID	13	17	5	A/N-link
	Claim Number	18	42	25	A/N-link
	Patient/Enrollee Social Security No.	43	51	9	A/N-link
	Date of Birth	52	59	8	DATE-link
	Date of Injury	60	67	8	DATE-link
	Claim Status	68	68	1	A/N
	Total Indemnity Incurred	69	78	10	N
	Total Medical Incurred	79	88	10	N
	Total Indemnity Paid by 12/31	89	98	10	N
	Total Medical Paid by 12/31	99	108	10	N
	Hospital Costs Paid by 12/31	109	118	10	N
	Physician Costs Paid by 12/31	119	128	10	N
	Applicant's Medical Evaluations	129	138	10	N
	Defense Medical Evaluations	139	148	10	N
	IME/AME Evaluations	149	158	10	N
	Surgery	159	159	1	A/N

**Table 4. File Format for Amount Paid by Payor to HCO and HCO Providers**

	<b>ELEMENT NAME</b>	<b>From</b>	<b>To</b>	<b>Length</b>	<b>Type</b>
Payor-to- HCO file (7)	HCO Identifier	1	12	12	A/N
	Carrier ID	13	17	5	A/N
	Payor Name	18	52	35	A/N
	Recommended/Actual Paid Qualifier	53	53	1	A/N
	Amount Paid by Payor to HCO and HCO Providers	54	63	10	N

## Definition of Individual Data Elements

### Data Element Name

**Definition:** The data element definition for use in the Managed Care Program. Efforts have been made to make this definition consistent with those used in existing mandatory reporting. However, this definition takes precedence if variances exist.

**Use/Business Need:** The purpose for collecting data element, related to MCP legislative mandates regarding the analysis of costs, utilization, and return-to-work outcomes, or to facilitate data processing.

**Revised:** Date field last revised.

**Source(s):** Likely party among HCO, carrier/self-insured employer, or employer to be the generator or custodian of the data element.

**Forms:** Existing mandatory, common-use paper, or electronic form where data element is captured: Employer's First Report of Injury (OSHA 5020), Doctor's First Report (OSHA 5021), HCFA 1500 (Professional Services), or UB-92 (Facility/Hospital/Institutional Services).

**Format:** Specification of data element in electronic record layout:

N = Numeric, right justified  
 A/N = Alphanumeric, left justified  
 DATE = Date in CCYYMMDD format  
         June 1, 1994 is 19940601  
         no hyphens, leading 0's included  
 bytes = positions reserved for field  
         including decimal places if  
         explicitly stated

**Values:** Coding levels of a data element.

**File:** One or more files in which the data element is used. May include the Enrollment file, Injured Worker file, or Total Claims Costs File, Paid Amount.

**Record:** Record type in Injured Worker File where data element is found.

**Data Quality Standard:** The tolerance for errors and invalid data. This standard is under development, and includes, but is not limited to, items listed in Appendix E.

**Note:** Information about coding, or implementation.





# 1. Amount Paid by Payor to HCO and HCO Providers

**Definition:** The aggregate amount paid by the payor to the HCO and to HCO providers during the calendar year. For fee-for-service HCOs, the amount paid to the HCO should include the amount paid for the bundle of services provided by the HCO, overhead, and profits. The bundle of services may include medical bill review, case management, health and safety services as part of core HCO services, marketing, etc. For fee-for-service HCOs, the amount paid to HCO providers is the aggregate of actual paid amounts, if available, or the aggregate amount of recommended amounts. For HCOs charging a periodic, pre-paid premium per enrollee (PPPE), the Amount Paid by Payor is the PPPE times the number of enrollees covered by the payor.

**Use/Business Need:** Evaluate costs; utilization; outcomes

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):**

**Format:** N (Numeric)  
10 bytes  
right justified

**Values:** Whole dollar amount

**File:** Amount Paid by Payor

**Data Quality Standard:** To be established

**Note:**

## 2. Amount Paid per Professional Service

**Definition:** The amount paid to the provider for each service rendered reflecting adjustments.

**Use/Business Need:** Evaluate cost and utilization

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):**

**Format:** N (Numeric)  
9 bytes  
explicit decimal  
right justified

**Values:** Numeric values; two positions right of the decimal, i.e., XXXXXX.XX

**File:** Injured Worker

**Record:** Professional Services - service line

**Data Quality Standard:** To be established

**Note:** For fee-for-service HCOs, this amount may be the amount actually paid by the payor, or the amount recommended by the HCO to be paid. See Recommended/Actual Paid Qualifier data element. Due to adjustments, this entry is not necessarily the same as the line item charges from the HCFA 1500 form (box 24 F or box 28).

**3. Amount Paid, Total  
(Institutional)**

**Definition:** Paid amount for services rendered during the length of stay for patient care at the facility.

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Form(s):** UB-92

**Format:** N (Numeric)  
9 bytes  
explicit decimal  
right justified

**Values:** Numeric values; two positions right of the decimal, i.e., XXXXXX.XX

**File:** Injured Worker

**Record:** Facility Services

**Data Quality Standard:** To be established

**Note:** For fee-for-service HCOs, this amount may be the amount actually paid by the payor, or the amount recommended by the HCO to be paid. See Recommended/Actual Paid Qualifier data elements. Due to adjustments, this entry is not necessarily the same as the line item charges from the UB-92 form (boxes 47 or 55).

#### 4. Applicant's Medical Evaluations

**Definition:** Amount paid by 12/31 for medical evaluations procured by the applicant or applicant's attorney, excluding evaluations performed by the treating physician, or by a Qualified Medical Evaluator (QME) selected from a panel for a non-represented worker. (Adapted from WCIRB)

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N (Numeric)  
10 bytes  
right justified

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

#### 5. Carrier ID

**Definition:** 5-digit code assigned by the Workers' Compensation Insurance Rating Bureau to workers' compensation insurance carriers for use in WCIRB's Unit Statistical Plan. For Self-Insured Employers this entry is the first 5 digits of the SIP certificate number (Entity Code + next 4 digits).

**Use/Business Need:** Record linkage

**Revised:** December 5, 2002

**Source(s):** Carrier/Self-Insured Employer

**Forms(s):** Employer's First Report

**Format:** A/N (Alpha-Numeric)  
5 bytes  
left justified

**Values:**

**File(s):** Amount Paid by Payor  
Injured Worker

**Record:** All record types

**Data Quality Standard:** To be established

**Note:**

## **6. Case Transferred Into HCO**

**Definition:** An indicator field for whether the HCO is providing care for a case enrolled in the current HCO but whose current injury was previously treated while enrolled in a prior HCO or by a non-HCO physician.

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** Carrier, HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Transferred from another HCO  
2=Transferred from non-HCO physician

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

**7. Claim Accepted/Denied**

**Definition:** Indicator field to mark whether the workers' compensation carrier accepts liability for all or part of an injured worker's injury claim.

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):** WCIRB Unit Statistical Plan

**Format:** N  
2 bytes

**Values:** 01=Accept  
03=Denied

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:** Corresponds to noncompensable code in WCIRB's Unit Statistical Plan and to Maintenance Reason code 04 in the IAIABC Data Dictionary (Rev. 8/15/94). Partial denials should be coded as 01.

**8. Claim Number**

**Definition:** Number assigned by the workers' compensation carrier or self-insured employer to identify a workers' compensation claim.

**Use/Business Need:** Record linkage

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** A/N  
25 bytes

**Values:** Designated by carriers

**File:** Injured Worker

**Record:** All records

**Data Quality Standard:** To be established

**Note:****9. Claims Status**

**Definition:** Number assigned to a claim by claims administrator to indicate whether the claim is open or closed.

**Use/Business Need:** Calculation of total costs (indemnity + medical)

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):** WCIRB Unit Statistical Plan

**Format:** A/N  
1 byte

**Values:** 0=Open  
1=Closed

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:****10. Class Code, WCIRB**

**Definition:** 4-digit number corresponding to the risk exposure category of the injured worker's worksite assigned by the Workers' Compensation Insurance Rating Bureau Manual Classification code.

**Use/Business Need:** Risk adjustment

**Revised:** December 5, 2002

**Forms(s):** Employer's First Report

**Source(s):** Carrier

**Format:** A/N  
4 bytes  
left justified

**Values:** Valid Codes

**File:** Injured Worker (class code of worker)



**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

## 11. County of Usual Employment

**Definition:** 2-digit number corresponding to the California county in which the enrollee is usually employed.

**Use/Business Need:** Risk adjustment

**Revised:** December 5, 2002

**Source(s):** Employer/Carrier

**Forms(s):**

**Format:** N  
2 bytes  
right justified

**Values:** Valid Codes (see Appendix A)

**Files:** Enrollment

**Data Quality Standard:** To be established

**Note:**

## 12. Date of Actual Return to Work

**Definition:** The first date (after the first release to return to work) on which the injured worker physically returns to worksite to resume employment.

**Use/Business Need:** Principal outcome measure

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s

No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to work

**Data Quality Standard:** To be established.

**Note:**

### 13. Date of Admission (hospital)

**Definition:** The date the injured enrollee was admitted to the hospital.

**Use/Business Need:** Utilization; outcome; cost; risk-adjuster

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** UB92

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Facility Services

**Data Quality Standard:** To be established

### 14. Date of Birth

**Definition:** The date the injured enrollee was born

**Use/Business Need:** Utilization; outcome; cost; risk-adjuster, record linkage

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** DOSH 5020, DOSH 5021, HCFA 1500, UB92

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

## 15. Date of Death

**Definition:** The date the injured enrollee died.

**Use/Business Need:** Utilization; outcome; cost; risk-adjuster, record linkage

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):** Employer's First Report

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

## 16. Date of Discharge (hospital)

**Definition:** The date the injured enrollee was discharged from the hospital

**Use/Business Need:** Utilization; outcome; cost; risk-adjuster

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** UB92

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Facility Services

**Data Quality Standard:** To be established

**Note:**

## 17. Date(s) of Enrollment

**Definition:** The date following open enrollment on which HCO coverage starts.

**Use/Business Need:** Utilization; cost

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier, Employer

**Forms(s):**

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Enrollment

**Data Quality Standard:** To be established

**Note:** For the aggregate file format, this is the date after the employer's open enrollment period on which coverage in the HCO begins. In the individual file format, this field is a date range (from and to) from the time enrollment begins.

## 18. Date of First

**Medical Examination**

**Definition:** The date the injured worker was first examined by medical practitioner-emergency services, primary care physician, nurse practitioner, chiropractor, etc.-after an injury occurred.

**Use/Business Need:** Length of medical treatment

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Doctors First Report (DOSH 5021)

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:****19. Date of First Notice  
of Representation**

**Definition:** The date the employer/carrier was notified that a worker has legal representation.

**Use/Business Need:** Length of medical treatment

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** Date  
8 bytes  
CCYYMMDD

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:****20. Date HCO Contract Ends**

**Definition:** The date the contract between HCO and Self-insured Employer or Insurer ends for provision of medical services.

**Use/Business Need:** Length of medical treatment

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):**

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:****21. Date of Injury**

**Definition:** For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the Date of Injury (DOI) is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.

**Use/Business Need:** Length of medical treatment; record linkage

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):** DOSH 5020, DOSH 5021

**Format:** Date  
8 bytes  
CCYYMMDD

**Values:** Valid Dates

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

## 22. Date Medical Control Ended

**Definition:** Date on which the injured enrollee is statutorily permitted (Labor Code § 4600.3) to leave medical treatment provided by the HCO due to open enrollment or the lapse of statutorily proscribed days of medical control after a work injury.

**Use/Business Need:** Utilization; cost; outcome

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier/Self-Insured Employer

**Forms(s):**

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:**

## 23. Date Permanent and Stationary

**Definition:** The date on which the treating physician determines that the medical condition of an injured worker with residual effects of a work injury has reached maximum medical improvement and is not expected to further improve or deteriorate.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Treating Physician's Report

**Format:** Date  
8 bytes  
CCYYMMDD

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:**

#### **24. Date of Qualified Injured Worker Status**

**Definition:** The date on which the injured worker's physician determines that he/she will not return to usual occupation due to the effects of the injury.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Treating Physician's Report

**Format:** Date  
8 bytes  
CCYYMMDD

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:**

#### **25. Date of Quarter of Enrollment Report**

**Definition:** The date of the quarter of the quarterly enrollment report.

**Use/Business Need:** Utilization; outcome; cost

**Revised:** December 5, 2002

**Source(s):** HCO



**Forms(s):**

**Format:**      Date  
                     8 bytes  
                     CCYYMMDD  
                     Include leading 0s  
                     No hyphens or dashes

**Values:**      CCYY0101, CCYY0401, CCYY0701,  
                     CCYY1001

**File:**            Enrollment (aggregate format)

**Data Quality Standard:** To be established

**Note:** In the aggregate quarterly enrollment file, the number of enrollees (and number of employees) is aggregated by county for each employer and recorded for the months of January, April, July, and October. Also, quarterly reports by employer for the quarter in which enrollment was activated after open enrollment must report age-sex specific number of enrollees. Subsequent quarterly reports by employer in a calendar year need only report the aggregate number of new enrollees enrolled since the prior quarter that are employed on the first day of reported quarter (Jan 1, Mar 1, Jul 1, Oct 1.).

**26. Date Released  
to Return to Work**

**Definition:** The first date after the date of injury which the treating physician indicates that the injured worker is physically capable of returning to employment. This date is not necessarily the same as the date the worker actually returned to work (which is defined separately).

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Treating Physician's Report

**Format:** Date  
8 bytes  
CCYYMMDD

**Values:** Valid Dates

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:**

**27. Date(s) of Service/  
Treatment, (from, to)**

**Definition:** The date on which a medical treatment for a service was provided by an HCO.

**Use/Business Need:** To identify and define an episode of care; utilization; cost; outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** HCFA 1500

**Format:** Date  
8 bytes  
CCYYMMDD  
Include leading 0s  
No hyphens or dashes

**Values:** Valid Dates

**File:** Injured Worker

**Record(s):** Professional Services

**28. Date Worker Opted Out****Data Quality Standard:** To be established**Note:** This element specifies a date range. This data must be provided from date of injury through date of worker opt out.**Definition:** The date on which an injured enrollee elected to leave treatment under the HCO for other treatment under Labor Code §4600.3.**Use/Business Need:** Utilization; cost; outcome**Revised:** December 5, 2002**Source(s):** HCO, Employer, Carrier**Forms(s):****Format:** Date  
8 bytes  
CCYYMMDD**Values:** Valid Dates**File:** Injured Worker**Record(s):** Return to Work**Data Quality Standard:** To be established**Note:****29. Days of Medical Control****Definition:** The number of days the injured enrollee must remain under the HCO care pursuant to Labor Code §4600.3.**Use/Business Need:** Utilization**Revised:** December 5, 2002**Source(s):** HCO, Carrier**Forms(s):****Format:** N  
3 bytes  
right justified**Values:** 90, 180, 365**Files:** Enrollment  
Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:**

### 30. Defense Medical Evaluations

**Definition:** Amount paid by 12/31 for medical evaluations procured by the insurance carrier, excluding evaluations performed by the treating physician, or by a Qualified Medical Evaluator (QME) selected from a panel for a non-represented worker. (Adapted from WCIRB)

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N Numeric)  
10 bytes  
right justified

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

### 31. Diagnosis Pointers

**Definition:** Fields to link specific diagnoses with medical procedures.

**Use/Business Need:** Utilization; outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** HCFA 1500

**Format:** A/N  
1 byte

**Values:** 1, 2, 3, or 4

**File:** Injured Worker

**Record:** Professional Services

**Data Quality Standard:** To be established

**Note:** There are 4 separate pointer fields, each corresponding to one of four diagnoses per episode of treatment. This data must be provided from date of injury through date of worker opt out.

**32. Diagnosis, Principal  
at End of Follow-up**

**Definition:** The 5-digit code corresponding to the entry in the International Classification of Diseases, 9th Revision (ICD9) which describes the underlying injury/illness or medical condition treated by the HCO; this diagnosis is made at the last contact of the HCO with the injured worker (released to return to work, 90 days after release to return to work, or 90 days post injury for workers not released to return to work, whichever is longer). This diagnosis may be the same as indicated on the Treating Physicians form.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Treating Physician's Form

**Format:** A/N  
5 bytes  
left justified  
implied decimal

**Values:** Valid ICD9 Codes

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:** This data must be provided from date of injury through date of worker opt out.

**33. Diagnosis,  
Principal Presenting**

**Definition:** The 5-digit code corresponding to the entry in the International Classification of Diseases, 9th Revision (ICD9) which describes the underlying injury/illness or medical condition that the physician assigns at the time of the initial examination of the worker. This should be the same diagnosis as indicated on the Doctor's First Report form.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Doctors First Report

**Format:** A/N  
5 bytes  
left justified  
implied decimal

**Values:** Valid ICD9 Codes

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

**34. Diagnosis,  
Treatment-Related**

**Definition:** The 5-digit ICD9 codes which are associated with specific treatments. These can include the primary diagnosis.

**Use/Business Need:** Risk adjuster; severity measure

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** HCFA 1500

**Format:** A/N  
5 bytes  
left justified  
implied decimal

**Values:** Valid ICD9 Codes

**File:** Injured Worker

**Records:** Professional Services

**Data Quality Standard:** To be established

**Note:** This element is used in conjunction with Diagnosis Pointers. This data must be provided from date of injury through date of worker opt out.



**35. Employees, Number of**

**Definition:** Total number of employees at a specific worksite as reported on, or equivalent to that reported on the "DE 3 - Employment and Payroll Distribution Schedule", California Employment Development Department, Sacramento, CA for the months of January, April, July, and October.

**Use/Business Need:** Utilization; outcome

**Revised:** December 5, 2002

**Source(s):** HCO, Employer, Carrier

**Forms(s):** DE 3 (Employment Development Dept.)

**Format:** N  
6 bytes  
right justified

**Values:**

**File:** Enrollment

**Data Quality Standard:** To be established

**Note:** In the aggregate quarterly enrollment file, the number of employees is aggregated by county for each employer and recorded for the months of January, April, July, and October. In the individual enrollment file format, the number of employees is assigned the number of employees in the first month of the quarter (January, April, July, and October) in which the enrollee was enrolled.

**36. Employer ID**

**Definition:** The FEIN (Federal Employer Identification Number) of the employer who employs the injured enrollee.

**Use/Business Need:** Record linkage

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):**

**Format:** A/N  
9 bytes  
no hyphens or dashes

**Values:**

**Files:** Injured Worker, Enrollment

**Record:** First Report

**Data Quality Standard:** To be established.

**37. Employer Name**

**Note:**

**Definition:** The name of the employer who employs the injured enrollee.

**Use/Business Need:** Record linkage

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):** DOSH 5020, DOSH 5021

**Format:** A/N  
30 bytes  
Upper Case

**Values:**

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

**38. Employment Status  
5 days After Release to  
Return to Work**

**Definition:** Field to indicate whether injured worker has returned to work to resume employment within 5 days after being released to return to work by his/her treating physician.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Worker returned to pre-injury employer  
2=Worker returned to different employer  
3=Not Returned: Work-related leave/separation  
4=Not Returned: Non work-related leave/separation  
5=Unknown return status

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Work-related leave/separation includes: fired, quit, AWOL, regular retirement, disability retirement, lay off, administrative leave (maternity, family, military), a new work-related injury, etc. Work-related deaths should be indicated with the completed date of death field (First Report record).

Non work-related leave/separation includes death, illness or injury not related to work, incarceration, etc.

**39. Employment Status  
90 days after Release  
to Return to Work**

**Definition:** Field to indicate whether injured worker has returned to work by 90 days after being released to return to work by his/her treating physician.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Worker returned to pre-injury employer  
2=Worker returned to different employer  
3=Not Returned: Work-related leave/separation  
4=Not Returned: Non work-related leave/separation  
5=Unknown return status

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Work-related leave/separation includes: fired, quit, AWOL, regular retirement, disability retirement, lay off, administrative leave (maternity, family, military), a new work-related injury, etc. Work-related deaths should be indicated with the completed date of death field (First Report record).

Non work-related leave/separation includes death, illness or injury not related to work, incarceration, etc.

#### 40. Enrollees, Age- and Sex- Specific

**Definition:** Number of enrollees in age- and sex-specific categories at date of enrollment activation (after open enrollment).

**Use/Business Need:** Utilization; outcome

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier, Employer

**Forms(s):**

**Format:** N  
6 bytes

**Values:**

**File:** Enrollment

**Data Quality Standard:** To be established

**Note:** Aggregate File format; see also Date of Enrollment

#### 41. HCO Identifier

**Definition:** The FEIN (Federal Employer Identification Number) of the Health Care Organization plus a 3 digit number assigned by the Managed Care Program to the HCO.

**Use/Business Need:** Identification; record linkage

**Revised:** December 5, 2002

**Source(s):** HCO reporting

**Forms(s):**

**Format:** A/N  
12 bytes  
left justified  
no hyphens or dashes

**Values:** Valid FEIN + MCP-designated Identifier

**Files:** All

**Record:** All records

**Data Quality Standard:** To be established

**Note:****42. Hospital Costs Paid  
by 12/31**

**Definition:** The dollar amount for all benefits paid to the hospital(s) by 12/31 (WCIRB definition).

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

**43. IME/AME Evaluations**

**Definition:** Amount paid by 12/31 for medical evaluations procured by agreement of the parties or by appointment by the governmental agency, including the cost of an evaluation performed by the treating physician acting in the capacity of an agreed medical evaluator. (Adapted from WCIRB)

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes  
right justified

**Values:****File:** Total Claim Costs**Data Quality Standard:** To be established**Note:****44. Injured Worker Opt Out****Definition:** Field to indicate that worker has elected his/her option to leave treatment by the HCO to seek treatment elsewhere as allowed by Labor Code §4600.3.**Use/Business Need:** Outcome**Revised:** December 5, 2002**Source(s):** HCO**Forms(s):****Format:** A/N  
1 byte**Values:** 1=Worker has opted out  
2=Worker has not opted out  
3=Unknown job**File:** Injured Worker**Record:** Return to Work**Data Quality Standard:** To be established**Note:****45. Job Status 5 Days  
after Release  
to Return to Work****Definition:** Field to indicate whether injured worker has returned to his/her pre-injury usual job by 5 days after being released to return to work.**Use/Business Need:** Outcome**Revised:** December 5, 2002**Source(s):** HCO**Forms(s):****Format:** A/N

1 byte

**Values:** 1=worker returned to pre-injury job  
2=worker did not return to pre-injury job  
3=unknown job

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Only applicable to injured workers returning to same (pre-injury) employer.

#### **46. Job Status 90 Days after Release to Return to Work**

**Definition:** Field to indicate whether injured worker has returned to his/her pre-injury usual job by 90 days after being released to return to work.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=worker returned to pre-injury job  
2=worker did not return to pre-injury job  
3=unknown job

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Only applicable to injured workers returning to same (pre-injury) employer.

#### **47. Lost Work Days During 90 days after Release to Return to Work**

**Definition:** Number of lost work days between the date worker was released to return to work and 90 days later.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002



**Source(s):** HCO

**Forms(s):**

**Format:** N  
3 bytes  
right justified

**Values:** 1-90

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Only applicable to injured workers returning to same (pre-injury) employer. Do not initialize as 0 (leave blank).

#### 48. Nature of Accident

**Definition:** 2-digit code indicating the external cause of the injury based on Workers' Compensation Insurance Rating Bureau codes (see Appendix C).

**Use/Business Need:** Stratify utilization and costs by specific medical conditions

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
2 bytes  
right justified

**Values:** (see Appendix C)

**Files:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

#### 49. Number of Treatments

**Definition:** Number of services of a particular CPT code or range of codes.

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** N  
3 bytes  
right justified

**Values:**

**File:** Injured worker

**Record:** Professional Services - service line

**Data Quality Standard:** To be established

**Note:** For use by pre-paid plans unable to provide encounter level utilization data. This data must be provided from date of injury through date of worker opt out.

## 50. Occupation Code

**Definition:** Bureau of Census, Dictionary of Occupational Titles, coded to Managed Care Program-designated categories (see below).

**Use/Business Need:** Risk adjustment

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** N  
2 bytes  
right justified

**Values:** 1= Executive, administrative, and managerial  
2=Professional specialties  
3=Technicians and related support occupns.  
4=Sales occupations  
5=Administrative support, including clerical  
6=Private Household Occupations  
7=Protective Services  
8=All Other Services  
9=Farming, Forestry and Fishing  
10=Precision Production, Craft, and Repair  
11=Machine operators, assemblers, inspectors

12=Transportation and material moving occs  
13=Handlers, equipt cleaners, helpers, labrs

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:** Optional data field.

**51. Patient/Enrollee Name**

**Definition:** The claimant's legally recognized first name, middle initial, and last name which is used on legal documents, employment forms, social security, banking records, etc. Patient name consists of three separate data elements, last name, first name, and middle initial.

**Use/Business Need:** Record linkage

**Revised:** December 5, 2002

**Source(s):** DOSH 5020, DOSH 5021, HCFA 1500

**Forms(s):**

<b><u>Format:</u></b>	<u>Last</u>	A/N 20 bytes left justified upper case
	<u>First:</u>	A/N 10 bytes left justified upper case
	<u>Middle I.:</u>	A/N 1 byte upper case

**Values:**

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established.

**Note:** Patient name is 3 separate data elements.

## 52. Patient/Enrollee Social Security Number

**Definition:** The number assigned to individuals by the Social Security Administration.

**Use/Business Need:** Identification of injured employee; record linkage

**Revised:** December 5, 2002

**Source(s):** DOSH 5020, DOSH 5021, HCFA 1500

**Forms(s):**

**Format:** A/N  
9 bytes  
no hyphens or dashes

**Values:**

**File:** Injured Worker  
Enrollment file (individual format)  
Total Claim Costs

**Record:** All records in injured worker file

**Data Quality Standard:** To be established

**Note:**

## 53. Payor Name

**Definition:** Name of workers' compensation carrier or self-insured employer.

**Use/Business Need:** Identification of payor

**Revised:** December 5, 2002

**Source(s):**

**Forms(s):**

**Format:** A/N  
35 bytes  
Left justified

**Values:**

**File:** Amount Paid by Payor

**Data Quality Standard:** To be established

**Note:**



#### 54. Permanent & Stationary Indicator

**Definition:** Field to indicate whether the HCO determined that the injured worker was permanent and stationary. This field applies to injured workers not released to return to work after 90 days post-injury .

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** Treating Physician's Report

**Format:** A/N  
1 byte

**Values:** 1=Yes, Permanent and Stationary (P&S)  
2=No, Not Permanent and Stationary  
3=Unknown P&S Status

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Only applicable to injured workers not released to return to work by 90 days post injury.

#### 55. Physician Costs Paid by 12/31

**Definition:** Dollar amount of all benefits paid as of 12/31 to treating physicians, including the cost of all clinic and office visits.

**Use/Business Need:** Utilization; costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes  
right justified

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

## 56. Place of Service

**Definition:** Code to designate the type of facility or place where medical treatment was rendered.

**Use/Business Need:** Utilization; costs

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** HCFA 1500

**Format:** N  
2 bytes  
right justified

**Values:** 11=Office  
21=Inpatient hospital  
22=Outpatient hospital  
23=Emergency Room - Hospital  
24=Ambulatory Surgical Center  
31=Skilled Nursing Facility  
61=Comprehensive Rehab Facility Inpatient  
62=Comprehensive Rehab Facility Outpatient  
99=Other facility

**File:** Injured Worker

**Record:** Professional Services

**Data Quality Standard:** To be established

**Note:** Modified HCFA 1500 Place of Service codes. This data must be provided from date of injury through date of worker opt out.



**57. Provider, PTP**

**Definition:** Field to indicate whether the provider rendering a treatment/service is the injured worker's primary treating physician (PTP) or another provider

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Primary Treating Physician  
2=Other

**File:** Injured Worker

**Record:** Professional Services

**Data Quality Standard:** To be established

**Note:** This data must be provided from date of injury through date of worker opt out.

**58. Provider Specialty****Definition:** Discipline or specialty of provider.**Use/Business Need:** Utilization**Revised:** December 5, 2002**Source(s):** HCO**Forms(s):****Format:** N  
2 bytes  
right justified**Values:** 11=Internal Medicine  
12=Osteopathic Medicine (D.O.)  
13=Neurology  
20=Orthopedics  
26=Psychiatry  
35=Chiropractor  
50=Nurse practitioner  
65=Physical therapist  
84=Occupational Medicine  
87=Other, non-MD provider  
96=Acupuncture  
98=Other, MD providers  
99= Unknown provider specialty**File:** Injured Worker**Record:** Professional Services**Data Quality Standard:** To be established.**Note:** Codes are adapted from "April 1992 HCFA Physician's Specialty, Supplier and Provider Codes"; HCO may code according to HCFA list (see Appendix D). This data must be provided from date of injury through date of worker opt out.

## 59. Qualified Injured Worker Indicator

**Definition:** Field to indicate whether the HCO determined that the injured worker was a Qualified Injured Worker (QIW). This field applies to injured workers not released to return to work by 90 days after the date of injury.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Yes, Qualified Injured Worker  
2=No  
3=Unknown QIW Status

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established

**Note:** Only applicable to injured workers not released to return to work by 90 days post injury.

## 60. Race/Ethnicity (optional)

**Definition:** Race/ethnicity of injured worker.

**Use/Business Need:** Risk adjustment

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=White  
2=Latino/Hispanic  
3=Black  
4=Asian or Pacific Islander  
5=Other

**File:** Injured Worker  
Enrollment (individual format)

**Record:** First Report

**Data Quality Standard:** To be established

**Note:**

**61. Recommended/Actual Paid  
Qualifier, Professional  
Services**

**Definition:** Field to indicate whether the amount paid for professional services was based on a recommended amount (made by the HCO to the payor), or on the actual paid amount.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO/Carrier

**Format:** A/N  
1 byte

**Values:** 1=Actual paid amount  
2=Recommended amount

**Files:** Amount Paid by Payor to HCO file  
Injured Worker

**Record:** Professional Services

**Data Quality Standard:** To be established

**Note:** In the Injured Worker file this element qualifies the amount paid for professional services (CPT4-coded) and institutional services in fee-for-service HCOs. This data must be provided from date of injury through date of worker opt out. In the Amount Paid by Payor to HCO File, this qualifier is used to indicate whether the aggregate total amount paid is based solely on actual paid amounts (=1), or recommended amounts (=02), or combination of actual and recommended amounts (=02).

## 62. Recommended/Actual Paid Qualifier, Facility Services

**Definition:** Field to indicate whether the amount paid for professional services was based on a recommended amount (made by the HCO to the payor), or on the actual paid amount.

**Use/Business Need:** Outcome

**Revised:** December 5, 2002

**Source(s):** HCO/Carrier

**Format:** A/N  
1 byte

**Values:** 1=Actual paid amount  
2=Recommended amount

**Files:** Amount Paid by Payor  
Injured Worker

**Record:** Facility Services

**Data Quality Standard:** To be established

**Note:** In the Injured Worker file this element qualifies the amount paid for professional services (CPT4-coded) and institutional services in fee-for-service HCOs. This data must be provided from date of injury through date of worker opt out. In the Amount Paid by Payor to HCO File, this qualifier is used to indicate whether the aggregate total amount paid is based solely on actual paid amounts (=1), or recommended amounts (=02), or combination of actual and recommended amounts (=02).

## 63. Record Type

**Definition:** Field to indicate format of record.

**Use/Business Need:** Data processing

**Revised:** December 5, 2002

**Source(s):** HCO

**Format:** A/N  
1 byte

**Values:** 1=First Report  
2=Return to Work  
3=Professional Services  
4=Facility Services

**64. Represented by  
an Attorney**

**File:** Injured Worker

**Data Quality Standard:** To be established.

**Note:** Every record must have a record type.

**Definition:** Indicator of whether or not the claimant was represented by legal counsel at any time during a claim.

**Use/Business Need:** Outcome; process of care

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Yes (Have sought legal counsel)  
2=No

**File:** Injured Worker

**Record:** Return to work

**Data Quality Standard:** To be established

**Note:**

**65. Sample Flag/TD Case  
with Work  
Restrictions/SHE**

**Definition:** Field to indicate that the case is part of the subgroup of cases which requires detailed data collection:

- cases with work restrictions and temporary disability (TD),
- a 1:N sample (to be determined) of non-restricted, non lost work time cases,
- cases not released to return to work by 90 days after date of injury, and
- all cases involving specified health events (SHE) as a principal or secondary diagnosis (Appendix B).

**Use/Business Need:** Reduce HCO workload; sampling

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):**

**Format:** A/N  
1 byte

**Values:** 1=Yes  
2 or blank=No

**File:** Injured Worker

**Record:** Return to Work

**Data Quality Standard:** To be established.

**Note:** The 1:N sample will be based on Social Security numbers and done in conjunction with the HCO and the Managed Care Program.

**Note: Definition of a Work Restriction:** instructions made by physician that the injured worker is not able to fully and completely perform his/her usual and customary pre-injury job

**66. Sex****Definition:** Gender of the injured worker.**Use/Business Need:** Risk adjustment**Revised:** December 5, 2002**Source(s):** DOSH 5020, DOSH 5021, HCFA 1500, UB92**Forms(s):****Format:** A/N  
1 byte  
upper case**Values:** M Male  
F Female  
U Unknown**Files:** Enrollment  
Injured Worker**Record:** First Report**Data Quality Standard:** To be established**Note:****67. Standard Industrial  
Classification (SIC)****Definition:** The 4-digit number which identifies the primary type of economic activity which the employer is engaged in that corresponds to the numeric classifications and descriptions listed in *The Standard Industrial Classification Manual 1987*, Office of Management and Budget, Washington D.C.**Use/Business Need:** Risk adjustment**Revised:** December 5, 2002**Source(s):** DOSH 5020, DOSH 5021**Forms(s):****Format:** A/N  
4 bytes  
must include leading zero  
left justified**Values:** Valid SIC Codes 0000-9999**Files:** Enrollment  
Injured Worker**Record:** First Report



**68. Surgery****Data Quality Standard:** To be established**Note:****Definition:** Field to indicate whether worker's injury required surgery. (WCIRB definition)**Use/Business Need:** Utilization; costs**Revised:** December 5, 2002**Source(s):** Carrier**Forms(s):****Format:** A/N  
1 byte**Values:** 1= Yes  
2 = No**File:** Total Claim Costs**Data Quality Standard:** To be established**Note:****69. Total Indemnity  
Incurred****Definition:** Total of all amounts paid and the outstanding compensation for the particular claim. Where a claim is closed by a lump sum settlement, that proportion assignable to indemnity shall be reported. (WCIRB definition)**Use/Business Need:** Costs**Revised:** December 5, 2002**Source(s):** Carrier**Forms(s):****Format:** N  
10 bytes**Values:****File:** Total Claim Costs**Data Quality Standard:** To be established**Note:**

**70. Total Indemnity Paid  
by 12/31**

**Definition:** Total dollar amounts paid by carrier to cover indemnity payments in a workers' compensation claim by 12/31 of year in which claim occurred.

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

**71. Total Medical  
Incurred**

**Definition:** Total of all amounts paid and the outstanding medical for a particular claim. Where a claim is closed by a lump sum settlement, that proportion assignable to medical shall be reported. (WCIRB definition)

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

**72. Total Medical Paid  
by 12/31**

**Definition:** Total dollar amounts paid by carrier to cover for medical payments in a workers' compensation claim by 12/31 of year in which claim occurred.

**Use/Business Need:** Costs

**Revised:** December 5, 2002

**Source(s):** Carrier

**Forms(s):**

**Format:** N  
10 bytes

**Values:**

**File:** Total Claim Costs

**Data Quality Standard:** To be established

**Note:**

**73. Treatment Code**

**Definition:** The 5-digit code of Current Procedural Terminology-4th Edition (CPT) used to identify the medical treatment (procedures) provided to an injured enrollee by medical provider.

**Use/Business Need:** Principal utilization measure

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** HCFA 1500

**Format:** A/N  
5 bytes  
right justified

**Values:** 5-digit CPT codes for organizations currently coding CPT

For organizations, unable to code each procedure to 5 digit detail, the following minimum coding is required:

5 digit detail = all surgical procedures  
70001=X-ray  
70002=CAT Scan  
70003=MRI  
70004=Other Diagnostic Imaging  
80000=Any laboratory test(s)  
90800=Psychiatric evaluation  
97000=Physical Therapy  
97001=Other Physical Medicine  
99201=Office Visit - brief/limited  
99203=Office Visit - intermediate  
99205=Office Visit - extended comprehensive  
00099=Anesthesiology

**File:** Injured Worker

**Record:** Professional Services - service line

**Data Quality Standard:** To be established

**Note:** HCOs already coding to 5-digit level must continue doing so. This data must be provided from date of injury through date of worker opt out.

**74. Type of Admission**

**Definition:** The condition of the patient at the time of admission.

**Use/Business Need:** Utilization

**Revised:** December 5, 2002

**Source(s):** HCO

**Forms(s):** UB92

**Format:** A/N  
1 bytes

**Values:** 1=Emergency  
2=Urgent  
3=Elective  
4=(not used)

**File:** Injured Worker

**Record:** Facility Services

**Data Quality Standard:** To be established

**Note:** This data must be provided from date of injury through date of worker opt out.

**75. Zip Code of Worksite**

**Definition:** The postal code that corresponds to the location of the worksite where injured worker is employed.

**Use/Business Need:** Utilization; identification of employer's location; access

**Revised:** December 5, 2002

**Source(s):** HCO, Carrier

**Forms(s):** DOSH 5020, DOSH 5021, HCFA 1500, UB92

**Format:** A/N  
9 bytes  
include leading/ending zero

**Values:** Valid US Postal Zip code + 4

**File:** Injured Worker

**Record:** First Report

**Data Quality Standard:** To be established

**Note:** This entry is left justified in field.

## Appendix A

## Names and Codes of California Counties

CODE COUNTY		CODE COUNTY	
01	Alameda	32	Plumas
02	Alpine	33	Riverside
03	Amador	34	Sacramento
04	Butte	35	San Benito
05	Calaveras	36	San Bernadino
06	Colusa	37	San Diego
07	Contra Costa	38	San Francisco
08	Del Norte	39	San Joaquin
09	El Dorado	40	San Luis Obispo
10	Fresno	41	San Mateo
11	Glenn	42	Santa Barbara
12	Humboldt	43	Santa Clara
13	Imperial	44	Santa Cruz
14	Inyo	45	Shasta
15	Kern	46	Sierra
16	Kings	47	Siskiyou
17	Lake	48	Solano
18	Lassen	49	Sonoma
19	Los Angeles	50	Stanislaus
20	Madera	51	Sutter
21	Marin	52	Tehama
22	Mariposa	53	Trinity
23	Mendocino	54	Tulare
24	Merced	55	Tolumne
25	Mondoc	56	Ventura
26	Mono	57	Yolo
27	Monterey	58	Yuba
28	Napa		
29	Nevada	99	Out Of State
30	Orange		
31	Placer		

## Appendix B (3/30/95)

## Specified Conditions for Reporting in HCO Program:

Condition	N Code	ICD 9	E Code
Amputations <sup>1</sup>			
Upper Extremity	885-887		
Lower Extremity	895-897		
Asphyxiation	994.7		E913.2
Burns <sup>2</sup>	940-949		E890-E899, E924
Cumulative trauma disorders. (upper extrem.)			
Thoracic Outlet Syndrome	353		
CTS and mononeuropathies	354		
Hand-Arm Vibration Syndrome	443.0		
Rotator cuff and periph. enthesop.	720.0-726.4		
Other disorders of synovium, tendons	727		
Electrocution	994.8		E925
Falls from heights <sup>2</sup>			E880-E899
Lead Poisoning	984		E866.0
Noise Induced Hearing Loss	388.12		
Occupational Asthma	493, 506, 507.8		
Pesticide Poisoning	989.1-989.4		E863

1. excluding amputations of the distal portion of phalanges

2. requiring hospitalization



## Appendix C

**Approximate Correspondence between WCIRB Nature of Accident Codes and International Classification of Diseases (9th Rev) External Causes Codes**

WCIRB		International Classification of Diseases, 9th Rev	
Code	Nature of Accident	E Code (Range)	Approximate Title
1	Burn: chemical	E924.1	Burn: caustic/corrosive substance
2	Burn: hot object	E924.8	Burn: Other (hot object NOS)
3	Heat: temperature extreme	E900	Excessive heat
3	Cold: temperature	E901	Excessive cold
4	Burn: Fire or flame	E890 - E899	Accidents Caused by Fire and Flame
5	Burn: Steam/Hot Liquids	E924.0	Burn: Hot liquids & vapor, inc steam
6	Burn: Dusts, Gases, Fumes	E924.0	Burn: Hot liquids & vapor, inc steam
7	Burn: Welding Operations	E900.1,E900.9	Excessive heat (man made origin)
8	Burn: Radiation	E926	Exposure to Radiation
10	Caught in/between Machine	E919.0-E919.9	Machinery Accidents
12	Caught in/btwn Object Handled	E918	Caught Between Objects
13	Caught in/btwn Miscellaneous	E918	Caught Between Objects
15	Cut/Punct: Broken Glass	E920.8	Cut./Piercing Instrum. or Objects
16	Cut/Punct: Hand Tool	E920.3,E920.4	Knives other hand tools
18	Cut/Punct: Hand Power Tool	E920.0-E920.2	Lawn mower, hand tools, hsehd appl
19	Cut/Punct: Miscellaneous	E920.9	Unspecified Cutting/Piercing object
25	Fall: from different level	E882-E884	Falls: bldgs, water, different level
26	Fall: ladder or scaffolding	E881	Fall on or from ladders or scaffold.
27	Fall: from liquid/ grease spills	E888	Fall: other and NOS
29	Fall: same level	E885-E886	Fall: same level (slip,trip,collide)
30	Slip, but did not fall	E927	Overexertion & strenuous body mvmt
31	Slip/Fall: miscellaneous	E880,E887,E888	Falls: steps/stairs;fractures;other
45	MVA: Collision w/other vehicle	E810-E813	MVA with trains and other MV
46	MVA: Collision w/fixed object	E814-E815,E823	MVA: with pedestrian or fixed obj.
47	Airplane crash	E840-E845	Air & space transport accidents
48	Vehicle upset	E816	MVA loss of control w/o collision
50	MVA: Miscellaneous	E817-E819	MVAs nontraffic, watercraft
50	MVA: Miscellaneous	E820-E838	MVAs other vehicles
54	Strain/Injury: jumping	E927	Overexertion/strenuous body mvmt
55	Strain/Injury: holding/carry	E927	Overexertion/strenuous body mvmt
56	Strain/Injury: lifting	E927	Overexertion/strenuous body mvmt
57	Strain/Injury: push/pulling	E927	Overexertion/strenuous body mvmt
58	Strain/Injury: reaching	E927	Overexertion/strenuous body mvmt
59	Strain/Injury: using tool/machine	E919-E920	Injury by machinery/tools
60	Strain/Injury: miscellaneous	E927	Overexertion/strenuous body mvmt
65	Strike agnst: mvng machine part	E919	Injury by machinery/tools
66	Strike agnst:obj lifted/hndled	E917	Strike against or by objects
67	Strike agnst: sanding/scaping	E917	Strike against or by objects
68	Strike agnst:stationary object	E917	Strike against or by objects
69	Strike agnst:step on sharp object	E917	Strike against or by objects
70	Strike agnst:miscellaneous	E917	Strike against or by objects
75	Struck/inj by: falling object	E916	Struck by falling object
76	Struck/inj by:hand tool/mach	E919-E920	Injury by machinery/tools
77	Struck/inj by motor vehicle	E826-E829	Other road vehicle accidents
78	Struck/inj by:mvng mach.prt	E919-E920	Injury by machinery/tools
79	Struck/inj by:obj lifted/handled	E917	Strike against or by objects
80	Struck/inj by:obj othrs handled	E917	Strike against or by objects
81	Struck/inj by:miscellaneous	E917	Strike against or by objects

---continued ---

## Appendix C

**Approximate Correspondence between WCIRB Nature of Accident Codes and International Classification of Diseases (9th Rev) External Causes Codes**

WCIRB		International Classification of Diseases, 9th Rev	
Code	Nature of Accident	E Code (Range)	Approximate Title
84	Contact with electric current	E925	Accident caused by electric current
85	Animal or insect	E905-E906	Venomous animals,plants;other"
86	Explosion or flare back	E921-E923	Pressure vessel;firearm;explosives
87	Foreign body in eye	E914	Foreign body entering eye & adnexa
89	Robbery or criminal assault	E960-E969	Injury purposefully inflicted
89	Robbery or criminal assault	E970-E978	Legal intervention
97	Repetitive motion	E917	Overexertion/strenuous body mvmt
98	Cumulative (all other)	E917	Overexertion/strenuous body mvmt
99	Other	???	????

## Appendix D

### Provider Specialty Codes\*

Code	Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiovascular Disease
07	Dermatology
08	Family Practice
09	Gynecology (Osteopaths only)
10	Gastroenterology
11	Internal Medicine
12	Manipulative Therapy (Osteopaths only)
13	Neurology
14	Neurosurgery
15	Obstetrics (Osteopaths only)
16	Obstetrics/Gynecology
17	Ophthalmology, Otolaryngology, Rhinology (Osteopaths only)
18	Ophthalmology
19	Oral Surgery (Dentists only)
20	Orthopedic Surgery
21	Pathologic Anatomy; Clinical Pathology (Osteopaths only)
22	Pathology
23	Peripheral Vascular Diseases or Surgery (Osteopaths only)
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Psychiatry, Neurology (Osteopaths only)
28	Colorectal Surgery
29	Pulmonary Diseases
30	Diagnostic Radiology
31	Roentgenology, Radiology, (Osteopaths only)
32	Radiation Therapy (Osteopaths only)
33	Thoracic Surgery
34	Urology
35	Chiropractor, licensed
36	Nuclear Medicine
37	Pediatrics
38	Geriatrics
39	Nephrology
40	Hand Surgery
41	Optometry
42	Certified Registered Midwife
43	Certified Registered Nurse Anesthetist
44	Infectious Diseases
46	Endocrinology
48	Podiatry
50	Nurse Practitioner
62	Psychologist
64	Audiologist
65	Physical Therapist
66	Rheumatology
68	Clinical Psychologist

--- Continued ---

## Appendix D

### Provider Specialty Codes

<b>Code</b>	<b>Specialty</b>
70	Clinic or other group practice, except GPPP
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine/Occupational Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
87	Other non-MD provider
89	Clinical Nurse Specialist
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
96*	Acupuncturist
97	Physician Assistant
98	Other MD Speciality Not Listed
99	Unknown

\* All codes except 96 (acupuncturists) are adapted from specialty codes used by the Health Care Financing Administration (HCFA)

## Appendix E: Selected Data Edits

File and Data Element	Data Edits
<u>All Files</u>	
Fixed column positions	No data elements in wrong columns
Duplicate records	Duplicate identified and eliminated
Sort order	No records out of sort order
<u>1. Enrollment</u>	
Date Enrollment Activated	<=Date of Quarterly Report
<u>2. Injured Worker</u>	
HCO Identifier	No hyphens
Carrier ID	
Claim Number	
Patient SSN	No hyphens
Date of Birth	outliers (extreme ages checked) < all other dates: injury first examination treatments death release to return to work (RTW) actual RTW represented by lawyer medical control ended HCO contract ended Worker opted out P&S QIW Admission (to hospital) Discharge (to hospital)
Date of Injury	< dates of: first examination treatments death (or same date) release to return to work (RTW) actual RTW represented by lawyer medical control ended HCO contract ended Worker opted out P&S QIW Admission (to hospital) Discharge (to hospital)

## Appendix E: Selected Data Edits

Data Element	Data Edits
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First Examination	< dates of: treatments release to return to work (RTW) actual RTW represented by lawyer medical control ended HCO contract ended Worker opted out P&S QIW Admission (to hospital) Discharge (to hospital)
Release to return to work (RTW)	<= actual RTW and verified (if not true)
Admission (to hospital)	<= Discharge (to hospital)
Diagnoses	Consistent with patient's: age sex
Treatments	Consistent with patient's: age sex
<u>3. Total Costs (Indemnity + Medical)</u>	
Total Indemnity paid by 12/31	<=Total Incurred Indemnity
Total Medical paid by 12/31	<=Total Incurred Medical

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**Medical Procedures/Treatments Using Modified-CPT Codes\***

<b>CPT Code Ranges</b>	<b>Title of Procedure</b>	<b>HCO Coding Scheme</b>
10000 - 69999	Surgery	specific 5 digit CPT codes
70000 - 79999	Radiology	specific 5 digit CPT codes or X-ray = 70001 (any body part) CAT = 70002 (any body part) MRI = 70003 (any body part) Other = 70004 (any body part)
80000 - 89999	Laboratory	80000 or specific 5 digit CPT codes
90701 - 99199	Medicine	specific 5 digit CPT codes or Psychiatric evaluation = 90800 Physical Medicine = 97000 Other Medicine = 97001
99200 - 99499	Evaluation and Management	Specific 5 digit CPT codes Office visit = 99200
00100 - 01999, 99100 - 99140	Anesthesiology	specific 5 digit CPT codes or 00099

\* CPT = Current Procedural Terminology - 4

\*\* HCO's already coding 5 digit CPT codes must supply 5 digit level; HCO's not using CPT should use modified CPT codes above on an interim basis until 5-digit detail is phased in.

